

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11			1				61			
12			1				62			
13			1				63			
14							64			
15							65			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			2				TOTAL DEP.			
TOTAL CLAIMS			3				TOTAL CLAIMS			